

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Dealey, Amanda

14 ACCOUNT # (Ethics Commission filers)
00000008

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME Austin Firefighters Public Safety Fund
<input checked="" type="checkbox"/> GENERAL	COMMITTEE ADDRESS 7537 Cameron Rd. Austin, TX 78752
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Denzer, Douglas
	COMMITTEE CAMPAIGN TREASURER ADDRESS 7537 Cameron Rd. Austin, TX 78752

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2,380.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 86,880.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 280.57
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4. TOTAL POLITICAL EXPENDITURES	\$ 82,198.50
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 29,218.29
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 35,100.00
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17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Mandy Dealey
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mandy Dealey, this the 8th day of December, 2014, to certify which, witness my hand and seal of office.

Susan Harry
Signature of officer administering oath

Susan Harry
Print name of officer administering oath

Notary
Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

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C/OH NAME Dealey, Amanda	ACCOUNT # (Ethics Commission filers) 00000008
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17 NOTICE FROM POLITICAL COMMITTEE(S) .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Austinites for Equity COMMITTEE ADDRESS 1812 Centre Creek Dr. Ste. 310 Austin, TX 78754 COMMITTEE CAMPAIGN TREASURER NAME Kirfman, Jack COMMITTEE CAMPAIGN TREASURER ADDRESS 1812 Centre Creek Dr. Ste. 310 Austin, TX 78754
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NOTICE FROM POLITICAL COMMITTEE(S) .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Sierra Club Committee of Texas COMMITTEE ADDRESS 615 Willow San Antonio, TX 78202 COMMITTEE CAMPAIGN TREASURER NAME Gonzalez, Hector COMMITTEE CAMPAIGN TREASURER ADDRESS 615 Willow San Antonio, TX 78202
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NOTICE FROM POLITICAL COMMITTEE(S) .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Travis County Democratic Party COMMITTEE ADDRESS PO Box 300423 Austin, TX 78703 COMMITTEE CAMPAIGN TREASURER NAME Soifer, Jan COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 300423 Austin, TX 78703
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/65 Report: 4/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aaronson, Paula 6 Contributor address; City; State; Zip Code 3710 Meadowbank Dr Austin, TX 78703-1026	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) none	
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Chris Contributor address; City; State; Zip Code 2905 Glenview Ave Austin, TX 78703-1959	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Advocate Properties, LLC Contributor address; City; State; Zip Code 6503 Ponton Pl Austin, TX 78731-2932	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/17/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00011114</u>) AFSCME PEOPLE Contributor address; City; State; Zip Code 1625 L St NW Washington, DC 20036-5665	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Agnew, Ginny Contributor address; City; State; Zip Code 1204 Castle Hill St Austin, TX 78703-4126	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) community volunteer		Employer (See Instructions) Herring & Irwin	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/65 Report: 5/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexander, Clifton 6 Contributor address; City; State; Zip Code 3201 Esperanza Xing Apt 354 Austin, TX 78758-7866	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Firefighter		10 Employer (See Instructions) City of Austin	
Date 11/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Jamie Contributor address; City; State; Zip Code 1213 W 12th St Austin, TX 78703-4136	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Anderson Coffee	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arrisola, Roland Contributor address; City; State; Zip Code 1900 Heathwood Cir Round Rock, TX 78664-2240	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) Stan's Heating and Air	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ausley, Robbie Contributor address; City; State; Zip Code 3707 Laurel Ledge Ln Austin, TX 78731-4049	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ausley, Tom Contributor address; City; State; Zip Code 3707 Laurel Ledge Ln Austin, TX 78731-4049	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Ausley, Algert, Robertson & Flores, LLP	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/65 Report: 6/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Firefighters Association PAC 6 Contributor address; City; State; Zip Code 7537 Cameron Rd Austin, TX 78752-2013	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Police Association PAC 6 Contributor address; City; State; Zip Code 5817 Wilcab Rd # 4 Austin, TX 78721-2806	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin/Travis County EMS Employee Association PAC 6 Contributor address; City; State; Zip Code 5817 Wilcab Rd Ste 3 Austin, TX 78721-2806	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayad, Victor 6 Contributor address; City; State; Zip Code 2100 Hartford Rd Austin, TX 78703-3125	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Financial Manager		10 Employer (See Instructions) Castle Hill Partners	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Margaret 6 Contributor address; City; State; Zip Code 2408 Keating Ln Austin, TX 78703-2342	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) none	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/65 Report: 7/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Robert 6 Contributor address; City; State; Zip Code 2408 Keating Ln Austin, TX 78703-2342	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Land Steward		10 Employer (See Instructions) Shield Ranch	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Donna Contributor address; City; State; Zip Code 2003 Forest Trl Austin, TX 78703-2929	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Linda Contributor address; City; State; Zip Code 4104 Turkey Creek Dr Austin, TX 78730-3355	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Balaka, Gerald Contributor address; City; State; Zip Code 1800 W 34th St Austin, TX 78703-1317	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Banda, Jennifer Contributor address; City; State; Zip Code 2501 Galewood Pl Austin, TX 78703-1737	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/65 Report: 8/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 10/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barkan, Maxine 6 Contributor address; City; State; Zip Code 3619 Claburn Dr Austin, TX 78759-8214	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Melanie Contributor address; City; State; Zip Code 1521 Woodlawn Blvd. Austin, TX 78703-3330	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney and Broker		Employer (See Instructions) Melanie H Barnes attorney PLLC	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartram, Ashley Contributor address; City; State; Zip Code 309 McConnell Dr West Lake Hills, TX 78746-4434	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bartram, John Contributor address; City; State; Zip Code 309 McConnell Dr West Lake Hills, TX 78746-4434	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Armbrust & Brown, PLLC	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Basciano, Joyce Contributor address; City; State; Zip Code 1907 W 34th St Austin, TX 78703-1318	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/65 Report: 9/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beall, Jonathan M 6 Contributor address; City; State; Zip Code 2503 Flora Cv Austin, TX 78746-6902	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Telecom		10 Employer (See Instructions) TDI	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beall, Jonathan M Contributor address; City; State; Zip Code 2503 Flora Cv Austin, TX 78746-6902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Telecom		Employer (See Instructions) TDI	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beasley, Roger Contributor address; City; State; Zip Code 6503 Santolina Cv Austin, TX 78731-2806	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) auto dealer		Employer (See Instructions) Roger Beasley Mazda	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beaver, Becky Contributor address; City; State; Zip Code 816 Congress Ave Ste 1600 Austin, TX 78701-2638	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beckham, Brian Contributor address; City; State; Zip Code 11205 Limoncillo Ct Austin, TX 78750-3688	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Ranch/Real Estate Investing		Employer (See Instructions) Beckham Ranch, Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beckham, Kimberly 6 Contributor address; City; State; Zip Code 11205 Limoncillo Ct Austin, TX 78750-3688	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Armbrust & Brown, PLLC	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bennett, Clyde Contributor address; City; State; Zip Code 3214 Park Hills Dr Austin, TX 78746-5573	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beuerlein, Laura Contributor address; City; State; Zip Code 2605 Woodmont Ave Austin, TX 78703-3260	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Vice President - Marketing		Employer (See Instructions) Heritage Title Company	
Date 11/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bieri, Sandra Contributor address; City; State; Zip Code 1801 Lavaca St Apt 8L Austin, TX 78701-1312	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blodgett, Terrell Contributor address; City; State; Zip Code 4100 Jackson Ave Apt 250 Austin, TX 78731-6052	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) not employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/65 Report: 11/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonner, Cathy 6 Contributor address; City; State; Zip Code 4303 Canyonside Trl Austin, TX 78731-2858	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boone, Cecilia Contributor address; City; State; Zip Code 3111 Welborn St Apt 1404 Dallas, TX 75219-5016	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Borders, Carmel Contributor address; City; State; Zip Code 610 Guadalupe St Austin, TX 78701-2926	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Tapestry Foundation	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Borders, Tom Contributor address; City; State; Zip Code 610 Guadalupe St Austin, TX 78701-2926	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Investment, Real Estate		Employer (See Instructions) Midtown Group, Inc	
Date 10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyd, Donald Contributor address; City; State; Zip Code 5820 Tributary Ridge Dr Austin, TX 78759-5144	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyd, Donald 6 Contributor address; City; State; Zip Code 5820 Tributary Ridge Dr Austin, TX 78759-5144	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Psychologist		10 Employer (See Instructions) retired	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyd, Joseph Contributor address; City; State; Zip Code 8901 Kurten Cemetery Rd Bryan, TX 77808-8087	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) retired	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brim, Jay Contributor address; City; State; Zip Code 1309 Lost Creek Blvd Austin, TX 78746-6316	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brinkman, Michelle Contributor address; City; State; Zip Code 7407 Brookhollow Dr Austin, TX 78752-2106	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bryant, Suzanne Contributor address; City; State; Zip Code 1500 W 24th St Austin, TX 78703-2404	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Suzanne Bryant	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/65 Report: 13/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burke, Cecelia 6 Contributor address; City; State; Zip Code 6500 Santolina Cv Austin, TX 78731-2806	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) none	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burnett, Claudia Contributor address; City; State; Zip Code 1601 Forest Trl Austin, TX 78703-3231	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) None	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burnett, Michael Contributor address; City; State; Zip Code 1601 Forest Trl Austin, TX 78703-3231	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Armbrust & Brown, PLLC	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burton, Amon Contributor address; City; State; Zip Code 98 San Jacinto Blvd Ste 1200 Austin, TX 78701-4082	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byars, Anne Contributor address; City; State; Zip Code 2103 Schulle Ave Austin, TX 78703-2141	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Maple Lane Farm of Greenfield, LLC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/65 Report: 14/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byars, Sam 6 Contributor address; City; State; Zip Code 2103 Schulle Ave Austin, TX 78703-2141	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Armbrust Brown, PLLC	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byrne, Dan Contributor address; City; State; Zip Code 36 Sundown Pkwy Austin, TX 78746-5258	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) FBH&H	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calhoun, Frank Contributor address; City; State; Zip Code 7109 Ridge Oak Rd Austin, TX 78749-1956	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Liddell, Sapp, Ziveley, Hill & LaBoon	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Campbell, Carl Contributor address; City; State; Zip Code 11511 Oak Knoll Dr Austin, TX 78759-3802	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carl, Carlton Contributor address; City; State; Zip Code PO Box 444 Martindale, TX 78655-0444	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consulting and Real Estate		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/65 Report: 15/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlson, Michelle 6 Contributor address; City; State; Zip Code 1609 Mohle Dr Austin, TX 78703-1937	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Reed & Scardino LLP	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlson, Patrick Contributor address; City; State; Zip Code 1609 Mohle Dr Austin, TX 78703-1937	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Armbrust & Brown PLLC	
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carr, Cassandra Contributor address; City; State; Zip Code 4242 Broadway St Apt 2001 San Antonio, TX 78209-6474	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cartwright, Deborah Contributor address; City; State; Zip Code 8200 Neely Dr Apt 216 Austin, TX 78759-8552	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) TX Comptroller of Public Accounts	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chapman, Jim Contributor address; City; State; Zip Code 515 Lighthouse Dr Horseshoe Bay, TX 78657-5874	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/65 Report: 16/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chernet, Tsegaye 6 Contributor address; City; State; Zip Code PO Box 144542 Austin, TX 78714-4542	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Driver		10 Employer (See Instructions) Lonestar Cab	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chimenti, Danette Contributor address; City; State; Zip Code 200 The Cir Austin, TX 78704-2418	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Computer Consulting		Employer (See Instructions) Self-Employed	
Date 11/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cho, Laura Scanlan Contributor address; City; State; Zip Code 1115 Wild Basin Ldg West Lake Hills, TX 78746-2707	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Cari Contributor address; City; State; Zip Code 5325 Tortuga Trl Austin, TX 78731-4545	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Kate Contributor address; City; State; Zip Code 3306 Bonnie Rd Austin, TX 78703-2706	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/65 Report: 17/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Kate 6 Contributor address; City; State; Zip Code 3306 Bonnie Rd Austin, TX 78703-2706	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clasquin, Rani Contributor address; City; State; Zip Code 911 Old Stonehedge St West Lake Hills, TX 78746-3529	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cocke, Robert Contributor address; City; State; Zip Code 2418 Harris Blvd Austin, TX 78703-2406	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) oil and gas production		Employer (See Instructions) self	
Date 11/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corman, Laura Contributor address; City; State; Zip Code 3211 Cherry Ln Austin, TX 78703-2751	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Assistant Instructor		Employer (See Instructions) Capella University	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig, Richard Contributor address; City; State; Zip Code 1419 Preston Ave Austin, TX 78703-1901	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/65 Report: 18/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crane, Marie 6 Contributor address; City; State; Zip Code 1502 Marshall Ln Austin, TX 78703-3409	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Management and Marketing Consulting		10 Employer (See Instructions) M. Crane & Associates, Inc.	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Croom, John Contributor address; City; State; Zip Code 5003 Crestway Dr Austin, TX 78731-5403	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cunningham, Aimee Contributor address; City; State; Zip Code 2522 Pearce Rd Austin, TX 78730-4255	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Community Volunteer		Employer (See Instructions) None	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cunningham, Ed Contributor address; City; State; Zip Code 2522 Pearce Rd Austin, TX 78730-4255	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) United States Natural Resource Group	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dancy, Blair Contributor address; City; State; Zip Code 4933 Strass Dr Austin, TX 78731-5627	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/65 Report: 19/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) D'Andrea, Al 6 Contributor address; City; State; Zip Code 5910 Front Royal Dr Austin, TX 78746-7261	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) McCullough Heating & Air	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DasGupta, Sumit Contributor address; City; State; Zip Code 8900 Bluegrass Dr Austin, TX 78759-7168	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dealey, Christopher Contributor address; City; State; Zip Code 1840 County Road 350 San Saba, TX 76877-8231	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Mayhew Ranch	
Date 11/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dealey, Joseph Jr. Contributor address; City; State; Zip Code 5608 Palomar Ln Dallas, TX 75229-6416	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 11/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denkler, Ann Contributor address; City; State; Zip Code 6112 Highlandale Dr Austin, TX 78731-4006	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Travis County	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/65 Report: 20/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/09/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dick, James 6 Contributor address; City; State; Zip Code PO Box 89 248, Jaster Road Round Top, TX 78954-0089	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) musician		10 Employer (See Instructions) self employed	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DiLeo, Michael Contributor address; City; State; Zip Code 9 Niles Rd Austin, TX 78703-3138	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dillawn, Steve Contributor address; City; State; Zip Code 7614 Rockpoint Dr Austin, TX 78731-1455	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dillawn, Vada Contributor address; City; State; Zip Code 7614 Rockpoint Dr Austin, TX 78731-1455	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, Brian Contributor address; City; State; Zip Code 508 Genard St Austin, TX 78751-1912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/65 Report: 21/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drolet, Claudia 6 Contributor address; City; State; Zip Code 8402 Silver Ridge Dr Austin, TX 78759-8141	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Banking		10 Employer (See Instructions) Frost Bank	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drolet, Luke Contributor address; City; State; Zip Code 8402 Silver Ridge Dr Austin, TX 78759-8141	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) The Kucera Company	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, James Contributor address; City; State; Zip Code 360 Nueces St Apt 2701 Austin, TX 78701-4270	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Duncan Associates	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duncan, John Contributor address; City; State; Zip Code 816 Congress Ave Ste 1600 Austin, TX 78701-2638	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dunning, Logan Contributor address; City; State; Zip Code 8519 Cahill Dr 2505 Austin, TX 78729-7286	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Field Director		Employer (See Instructions) Mandy Dealey Campaign	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/65 Report: 22/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Earley, Michelle 6 Contributor address; City; State; Zip Code 7308 Valburn Dr Austin, TX 78731-1146	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elder, Roxanne Contributor address; City; State; Zip Code PO Box 29179 Austin, TX 78755-6179	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self			
Date 11/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Engdaw, Teferi Contributor address; City; State; Zip Code 2505 Alexander Ct Round Rock, TX 78665-7917	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Driver		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Lone Star Cab			
Date 12/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Falck, V.T. Contributor address; City; State; Zip Code 4100 Jackson Ave Apt 437 Austin, TX 78731-6008	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fath, Shudde Contributor address; City; State; Zip Code 1005 Bluebonnet Ln Austin, TX 78704-2003	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Retired			

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/65 Report: 23/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ferchill, Cary 6 Contributor address; City; State; Zip Code 2524 Tanglewood Trl Austin, TX 78703-1540	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Lawyer		10 Employer (See Instructions) Reed & Scardino LLP	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fikes, Army Contributor address; City; State; Zip Code 3901 Euclid Ave Dallas, TX 75205-3103	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) none	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fikes, Lee Contributor address; City; State; Zip Code 3901 Euclid Ave Dallas, TX 75205-3103	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Bonanza Oil Co.	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fitch, Julia Contributor address; City; State; Zip Code 1509 Shoal Creek Blvd Apt A Austin, TX 78701-1032	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Lulu Contributor address; City; State; Zip Code 1300 Alta Vista Ave Austin, TX 78704-2515	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/65 Report: 24/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fraser, Carla 6 Contributor address; City; State; Zip Code 3403 Ledgestone Dr Austin, TX 78731-5124	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner, Design Studio		10 Employer (See Instructions) Dyal and Partners	
Date 11/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fraser, Susan Contributor address; City; State; Zip Code 4603 Depew Ave Austin, TX 78751-3320	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frede, Martha Contributor address; City; State; Zip Code 4200 Jackson Ave 5016 Austin, TX 78731-6060	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friedman, Jeff Contributor address; City; State; Zip Code 3500 Jefferson St Ste 110 Austin, TX 78731-6220	Amount of contribution (\$) \$180.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Capra & Cavelli	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Friedman, Jeff Contributor address; City; State; Zip Code 3500 Jefferson St Ste 110 Austin, TX 78731-6220	Amount of contribution (\$) \$170.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Capra & Cavelli	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/65 Report: 25/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuller, Larry Paul 6 Contributor address; City; State; Zip Code 2201 McCullough St Austin, TX 78703-1718	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Writer		10 Employer (See Instructions) LP Fuller Inc	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Galligan, Jude Contributor address; City; State; Zip Code 603 Davis St 102 Austin, TX 78701-4207	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate & Technology		Employer (See Instructions) REATX Realty	
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardner, Bonny Contributor address; City; State; Zip Code 3207 Kerbey Ln Austin, TX 78703-1450	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardner, Bonny Contributor address; City; State; Zip Code 3207 Kerbey Ln Austin, TX 78703-1450	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Julian Contributor address; City; State; Zip Code 407 E 45th St Apt 102 Austin, TX 78751-3801	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/65 Report: 26/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Julian 6 Contributor address; City; State; Zip Code 407 E 45th St Apt 102 Austin, TX 78751-3801	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George, Cheryl Contributor address; City; State; Zip Code 2501 Stratford Dr Austin, TX 78746-5755	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) none	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George, R. James Jr. Contributor address; City; State; Zip Code 2501 Stratford Dr Austin, TX 78746-5755	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) George, Brothers, Kincaid and Horton	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilliland, Thomas Contributor address; City; State; Zip Code 1605 W 40th St # 0 Austin, TX 78756-3810	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions) FondaSanMiguel	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goodfriend, Sarah Contributor address; City; State; Zip Code 1500 W 24th St Austin, TX 78703-2404	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/65 Report: 27/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Green, Robert 6 Contributor address; City; State; Zip Code 3001 Gilbert St Austin, TX 78703-2219	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Professor		10 Employer (See Instructions) University of Texas at Austin	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greig, Brian Contributor address; City; State; Zip Code 2415 Pemberton Pl Austin, TX 78703-2524	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grissom, Joene Contributor address; City; State; Zip Code 6603 Shadow Valley Dr Austin, TX 78731-4145	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guarino, Mark Contributor address; City; State; Zip Code 14600 Ballycastle Trl Austin, TX 78717-4426	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) VP of Construction		Employer (See Instructions) Stan's Heating and Air	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gullahorn, Jack Contributor address; City; State; Zip Code 5300 Gregg Ln Manor, TX 78653-4030	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/65 Report: 28/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hailey, Ann Hailey 6 Contributor address; City; State; Zip Code 3408 Mount Bonnell Rd Austin, TX 78731-5850	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) none		10 Employer (See Instructions) none	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hailey, Jay Contributor address; City; State; Zip Code 3408 Mount Bonnell Rd Austin, TX 78731-5850	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) DLA Piper LLP(US)	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Eizabeth Contributor address; City; State; Zip Code 2509 Hartford Rd Austin, TX 78703-2428	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 11/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Lisa Contributor address; City; State; Zip Code 4522 Avenue F Austin, TX 78751-3109	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Commercial Title Examiner		Employer (See Instructions) Gracy Title a Stewart Company	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harslem, Eric Contributor address; City; State; Zip Code 911 Old Stonehedge St West Lake Hills, TX 78746-3529	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/65 Report: 29/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harte, Christopher 6 Contributor address; City; State; Zip Code 327 Congress Ave Ste 200 Austin, TX 78701-3656	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Businessman		10 Employer (See Instructions) Self	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Kelley Contributor address; City; State; Zip Code 5805 Carry Back Ln Austin, TX 78746-1446	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Mark Contributor address; City; State; Zip Code 5805 Carry Back Ln Austin, TX 78746-1446	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Armbrust and Brown	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawthorne, Melissa Contributor address; City; State; Zip Code 1403 Foxwood Cv Austin, TX 78704-2718	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Austin Permit Service, Inc.	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henley, Jeff Contributor address; City; State; Zip Code 7200 N Mo Pac Expy Ste 400 Austin, TX 78731-2376	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) The Kucera Company	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/65 Report: 30/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henley, Marla 6 Contributor address; City; State; Zip Code 4009 Avenue H Austin, TX 78751-4722	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Administration		10 Employer (See Instructions) The University of Texas	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hersh, Stuart Contributor address; City; State; Zip Code 1307 Kinney Ave Apt 117 Austin, TX 78704-2279	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herzele, Charlotte Contributor address; City; State; Zip Code 3916 Avenue H Austin, TX 78751-4721	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lecturer		Employer (See Instructions) UT Austin	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilbert, Anne T. Contributor address; City; State; Zip Code 414 Sunfish St Lakeway, TX 78734-4404	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilbert, Thomas Contributor address; City; State; Zip Code 414 Sunfish St Lakeway, TX 78734-4404	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/65 Report: 31/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilgers, David 6 Contributor address; City; State; Zip Code 701 Yaupon Valley Rd West Lake Hills, TX 78746-3545	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Husch Blackwell PLLC	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilgers, Joan Contributor address; City; State; Zip Code 701 Yaupon Valley Rd West Lake Hills, TX 78746-3545	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, Forest Contributor address; City; State; Zip Code 4100 Jackson Ave Apt 311 Austin, TX 78731-6052	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilliard, Corky Contributor address; City; State; Zip Code 4120 Lawless St Austin, TX 78723-5393	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) mgt consultamt		Employer (See Instructions) self	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hobbs, Jeff Contributor address; City; State; Zip Code 3700 Hillbrook Dr Austin, TX 78731-4042	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Armbrust & Brown, PLLC	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/65 Report: 32/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hobbs, Lisa 6 Contributor address; City; State; Zip Code 3700 Hillbrook Dr Austin, TX 78731-4042	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) KuhnHobbs, PLLC	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hoekstra, Thomas Contributor address; City; State; Zip Code 1103 Belmont Pkwy Austin, TX 78703-1412	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fletcher, Farley, Shapman & Salmas	
Date 11/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holleran, Michael Contributor address; City; State; Zip Code 3811 Ridgalea Dr Austin, TX 78731-6124	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) University of Texas at Austin	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hollingsworth, Desiree Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Jewelry Imports and Sales		Employer (See Instructions) Hibiscus Imports	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hollingsworth, Wayne Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Armbrust & Brown, PLLC	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/65 Report: 33/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hutto, Kathy 6 Contributor address; City; State; Zip Code 2607 Trail Of The Madrones Austin, TX 78746-2342	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/13/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00027342</u>) IBEW PAC Voluntary Fund Contributor address; City; State; Zip Code 900 7th St NW Washington, DC 20001-3886	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ireson, Diane Contributor address; City; State; Zip Code 2900 Wade Ave Austin, TX 78703-1017	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Clinical Social Worker		Employer (See Instructions) Self	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Robena Contributor address; City; State; Zip Code 5900 Rain Creek Pkwy Austin, TX 78759-5535	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Group Solutions RJW	
Date 10/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jobe, Jeff Contributor address; City; State; Zip Code 410 Lake Cliff Trl Austin, TX 78746-4680	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/65 Report: 34/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, D'Ann 6 Contributor address; City; State; Zip Code 1604 E 11th St Austin, TX 78702-2716	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, William Contributor address; City; State; Zip Code 4119 W Fm 150 Kyle, TX 78640-8652	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) investor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) self			
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnstone, Jim Contributor address; City; State; Zip Code 2901 Cherry Ln Austin, TX 78703-2821	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Annette Contributor address; City; State; Zip Code 519 Buckeye Trl West Lake Hills, TX 78746-4425	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) lawyer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) not employed			
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Kenneth Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) lawyer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Armbrust & Brown PLLC			

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/65 Report: 35/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Melissa 6 Contributor address; City; State; Zip Code 1203A Elm St Austin, TX 78703-4013	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) community volunteer		10 Employer (See Instructions) retired	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kadison, Bret Contributor address; City; State; Zip Code 3904 Sycamore Dr Austin, TX 78722-1230	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kadison, Carol Contributor address; City; State; Zip Code 8127 Chalk Knoll Dr Austin, TX 78735-1707	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kahan, Karen Contributor address; City; State; Zip Code 1707 Elton Ln Austin, TX 78703-2913	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Fundraiser		Employer (See Instructions) Seton Healthcare Family	
Date 11/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kemp, Suzon Spiller Contributor address; City; State; Zip Code 2909 Greenlee Dr Austin, TX 78703-1615	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/65 Report: 36/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kever, Andrew 6 Contributor address; City; State; Zip Code 6105 Highland Hills Dr Austin, TX 78731-4101	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) attorney		10 Employer (See Instructions) Enoch Kever PLLC	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Paul Contributor address; City; State; Zip Code 10524 Roy Butler Dr Austin, TX 78717-3905	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) ATX Environmental Solutions	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, David Contributor address; City; State; Zip Code 1808 Kerr Ave Austin, TX 78704-1429	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirk, Sandra Contributor address; City; State; Zip Code 2117 Clifton St Austin, TX 78704-4352	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Knudsen, Peter Contributor address; City; State; Zip Code 7207 Villa Maria Ln Austin, TX 78759-7777	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) investor		Employer (See Instructions) self	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/65 Report: 37/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kobayashi, Joan 6 Contributor address; City; State; Zip Code 4618 Crestway Dr Austin, TX 78731-5204	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CFO		10 Employer (See Instructions) Greater Public	
12/03/2014	Kozmetsky, Cynthia 4802 Ridge Oak Dr Austin, TX 78731-4715	\$350.00	
Homemaker		Retired	
11/25/2014	Kozmetsky, Gregory A 4802 Ridge Oak Dr Austin, TX 78731-4715	\$350.00	
President		KMS Ventures, Inc.	
12/06/2014	Kreisle, Rita 1512 Hardouin Ave Austin, TX 78703-2519	\$350.00	
homemaker		none	
11/12/2014	Krumme, Gregg 10702 Hastings Ln Austin, TX 78750-4042	\$350.00	
Attorney		Armbrust & Brown PLLC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/65 Report: 38/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krumme, Robin 6 Contributor address; City; State; Zip Code 10702 Hastings Ln Austin, TX 78750-4042	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Retired	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kucera, Gerald Contributor address; City; State; Zip Code 8408 Emerald Hill Dr Austin, TX 78759-8052	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Owner/President		Employer (See Instructions) The Kucera Companies	
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lalk, Margaret Contributor address; City; State; Zip Code 6309 Walebridge Ln Austin, TX 78739-1571	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LAN-PAC Contributor address; City; State; Zip Code 2925 Briarpark Dr Fl 4 Houston, TX 77042-3720	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lavine, Dick Contributor address; City; State; Zip Code 803 Avondale Rd Austin, TX 78704-2516	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/65 Report: 39/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Chuck Bailey 6 Contributor address; City; State; Zip Code 600 Congress Ave Ste 1600 Austin, TX 78701-2974	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Dawn Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731-5223	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Austin Partners in Education			
Date 11/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ley, WT Contributor address; City; State; Zip Code 404 W Monroe St Austin, TX 78704-3026	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 11/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Little, Emily Contributor address; City; State; Zip Code 1001 E 8th St Austin, TX 78702-3248	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) architect		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) self			
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Littlefield, Sue Contributor address; City; State; Zip Code 204 Westhaven Dr West Lake Hills, TX 78746-4443	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Armbrust & Brown			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/65 Report: 40/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lloyd Doggett for Congress 6 Contributor address; City; State; Zip Code PO Box 5843 Austin, TX 78763-5843	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lochridge, Lloyd Jr Contributor address; City; State; Zip Code 3400 Hillview Rd Austin, TX 78703-1131	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Longley, Susan Contributor address; City; State; Zip Code 606 W Lynn St Apt 23 Austin, TX 78703-4759	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Public Relations Consultant		Employer (See Instructions) Self, The Longley Group	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Perry Contributor address; City; State; Zip Code 1311 E 6th St Ste A Austin, TX 78702-3368	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) self	
Date 11/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyon, Mark Contributor address; City; State; Zip Code 7509 Parkview Cir Austin, TX 78731-1125	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Audio Systems	

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/65 Report: 41/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacKinnon, Richard	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 4721 Austin, TX 78765-4721		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcus, Richard	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 913 Terrace Mountain Dr West Lake Hills, TX 78746-2730		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Business mentor/Education Program Designer		Employer (See Instructions) Self	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marsh, Chad	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2408 Windsor Rd Austin, TX 78703-2413		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Endeavor	
Date 11/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Carroll	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3214 Park Hills Dr Austin, TX 78746-5573		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Scott, Douglass & McConnico, LLP	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Lori	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5603 Caprice Dr Austin, TX 78731-4835		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions) Austin Theatre Alliance	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/65 Report: 42/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matheson, Daniel 6 Contributor address; City; State; Zip Code 2901 Navidad Cv Austin, TX 78735-1439	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Matheson Law Partners, PLLC	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maxson, Peter Contributor address; City; State; Zip Code 4212 Avenue F Austin, TX 78751-3721	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maxwell, Sue Contributor address; City; State; Zip Code 2703 Strafford Dr Austin, TX 78746-4624	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Deltek	
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McElvaney, Sarah Contributor address; City; State; Zip Code 7633 Rockpoint Dr Austin, TX 78731-1438	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Deltek	
Date 11/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McElvaney, Sarah Contributor address; City; State; Zip Code 7633 Rockpoint Dr Austin, TX 78731-1438	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Deltek	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 40/65 Report: 43/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGhee, James 6 Contributor address; City; State; Zip Code 607 County Cork Ln Leander, TX 78641-2322	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) VP of Operations		10 Employer (See Instructions) Stan's Heating and Air	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKenzie, JoAnn Contributor address; City; State; Zip Code 6902 Edgefield Dr Austin, TX 78731-2908	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) insurance		Employer (See Instructions) JoAnn McKenzie LLC	
Date 11/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McLeroy, Melanie Contributor address; City; State; Zip Code 3409 Far View Dr Austin, TX 78730-3315	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Taurus Pet Services	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McMurtry Fowler, Carol Contributor address; City; State; Zip Code 10 Woodstone Squarr Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meisenbach, Megan Contributor address; City; State; Zip Code 1800 San Gabriel St Austin, TX 78701-1031	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/65 Report: 44/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mendoza, Rosie 6 Contributor address; City; State; Zip Code 3412 Green Emerald Ter Austin, TX 78739-7615	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Certified Public Accountant		10 Employer (See Instructions) R. Mendoza & Company, P.C.	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Abera Contributor address; City; State; Zip Code 9001 Briardale Dr Austin, TX 78758-6429	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Lonestar Cab	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mersha, Zenaw Contributor address; City; State; Zip Code 9001 Briardale Dr Austin, TX 78758-6429	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Lonestar Cab	
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Laurence Contributor address; City; State; Zip Code PO Box 49130 Austin, TX 78765-9130	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Baluarte Creek	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mills, Bonnie Contributor address; City; State; Zip Code 4702 Shadow Ln Austin, TX 78731-5335	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self-employed	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/65 Report: 45/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Jerry 6 Contributor address; City; State; Zip Code 4076 Enclave Mesa Cir Austin, TX 78731-2145	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moeser, Bob Contributor address; City; State; Zip Code 4705 Greystone Dr Austin, TX 78731-1112	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mok, Amy Contributor address; City; State; Zip Code 6301 Cat Mountain Cv Austin, TX 78731-3502	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President & CEO		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mueller, Joan Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 4013 Austin, TX 78731-6065	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) artist		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mueller, Robert Contributor address; City; State; Zip Code 605 W 10th St Austin, TX 78701-2023	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Attorney		Granger, Mueller and Wood	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/65 Report: 46/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Naranjo, Mary 6 Contributor address; City; State; Zip Code 210 Lavaca St Apt 2010 Austin, TX 78701-4583	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelson, Pam Contributor address; City; State; Zip Code 7207 Villa Maria Ln Austin, TX 78759-7777	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CSE Service Mesh	
Date 11/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Niland, Nona Contributor address; City; State; Zip Code 210 Lavaca St Apt 3005 Austin, TX 78701-4598	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 11/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nortey, James Contributor address; City; State; Zip Code 2033 Philomena St Austin, TX 78723-3322	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) North by Northwest Democrats Contributor address; City; State; Zip Code PO Box 29446 Austin, TX 78755-6446	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/65 Report: 47/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nowlin, Bettye 6 Contributor address; City; State; Zip Code 3327 Far View Dr Austin, TX 78730-3300	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) none		10 Employer (See Instructions) none	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nowlin, William Contributor address; City; State; Zip Code 3327 Far View Dr Austin, TX 78730-3300	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nuckols, Tom Contributor address; City; State; Zip Code 2910 Kassarine Pass Austin, TX 78704-4655	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Connell, Patrick Contributor address; City; State; Zip Code 5408 Hurlock Dr Austin, TX 78731-4524	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) O'Connell & Soifer LLP	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ogden, Ron Contributor address; City; State; Zip Code 1122 Colorado St Austin, TX 78701-2164	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 45/65 Report: 48/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Osborne, Betty 6 Contributor address; City; State; Zip Code 2106 Meadowbrook Dr Austin, TX 78703-2234	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
11/16/2014	Pantin, Thomas 615 Deep Eddy Ave Austin, TX 78703-4513	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
12/05/2014	Pantin, Tomas 615 Deep Eddy Ave Austin, TX 78703-4513	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
11/06/2014	Parken, Edward 7917 W Rim Dr Austin, TX 78731-1244	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
11/18/2014	Parken, Judy 7917 W Rim Dr Austin, TX 78731-1244	\$200.00	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 47/65 Report: 50/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petersen, Dennis 6 Contributor address; City; State; Zip Code 16522 Cornwall St Jersey Village, TX 77040-2046	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peterson, Laurence Contributor address; City; State; Zip Code 11011 Domain Dr Apt 8447 Austin, TX 78758-7779	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Texas Foundation for Innovative Communities	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnelli, Janis W Contributor address; City; State; Zip Code PO Box 50038 Austin, TX 78763-0038	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J Pinnelli Company LLC	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnelli, Joseph F Contributor address; City; State; Zip Code PO Box 50038 Austin, TX 78763-0038	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) J Pinnelli Company LLC	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prim, Philip Contributor address; City; State; Zip Code 2609 Pembroke Trl Austin, TX 78731-5617	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 48/65 Report: 51/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Puzdrak, Mark 6 Contributor address; City; State; Zip Code 11109 Sierra Montana Austin, TX 78759-4707	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramsey, MariBen Contributor address; City; State; Zip Code 1707 Elton Ln Austin, TX 78703-2913	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Austin Community Foundation	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RECA - Good Government PAC Contributor address; City; State; Zip Code 98 San Jacinto Blvd Ste 510 Austin, TX 78701-4284	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Don Contributor address; City; State; Zip Code 2914 Regents Park Austin, TX 78746-7617	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Gina Contributor address; City; State; Zip Code 2914 Regents Park Austin, TX 78746-7617	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Homemaker/volunteer		Employer (See Instructions) None	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 49/65 Report: 52/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reeves, Beverly 6 Contributor address; City; State; Zip Code 5403 Tortuga Trl Austin, TX 78731-4535	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Reeves & Brightwell LLP	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reid, William G. Contributor address; City; State; Zip Code 1104 Wayside Dr Austin, TX 78703-3714	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reynolds, Joseph Contributor address; City; State; Zip Code 2611 W 49th St Austin, TX 78731-5636	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richards, Daniel Contributor address; City; State; Zip Code .816 Congress Ave 1200 Austin, TX 78701-2442	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richards, Joanne Contributor address; City; State; Zip Code 7102 Coachwhip Holw Austin, TX 78750-8202	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 50/65 Report: 53/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richmond, Karin 6 Contributor address; City; State; Zip Code 1343 Spyglass Dr Austin, TX 78746-6906	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) tax consultant		10 Employer (See Instructions) Karin Richmond & Associates, Inc	
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rife, Lynda Contributor address; City; State; Zip Code 1805 Graveyard Point Rd Austin, TX 78734-2525	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Public Involment		Employer (See Instructions) Rifeline, LLC	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rivers, Rikky Contributor address; City; State; Zip Code 1209 W 5th St Ste 200 Austin, TX 78703-5287	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robertson, Pat Contributor address; City; State; Zip Code 2300 Quarry Rd Austin, TX 78703-3839	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Wealth Advisor		Employer (See Instructions) UBS Financial	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogers, Martha Contributor address; City; State; Zip Code 4104 Deepwoods Dr Austin, TX 78731-2029	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) none	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 51/65 Report: 54/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogers Jr, Andrew D 6 Contributor address; City; State; Zip Code 4110 Honeycomb Rock Cir Austin, TX 78731-2016	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roth, Stephen Contributor address; City; State; Zip Code 4111 Tablerock Dr Austin, TX 78731-1339	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior Associate, Team Leader		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Lockwood, Andrews & Newman, Inc			
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudy, Amy Contributor address; City; State; Zip Code 3301 Bowman Ave Austin, TX 78703-1525	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) House Wife		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Not Employed			
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudy, Kirk Contributor address; City; State; Zip Code 3301 Bowman Ave Austin, TX 78703-1525	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Endeavor Real Estate Group			
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rutishauser, Robert Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 5015 Austin, TX 78731-6060	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) none			

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52/65 Report: 55/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 10/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rutishauser, Robert 6 Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 5015 Austin, TX 78731-6060	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) none	
4 Date 11/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rutishauser, Robert 6 Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 5015 Austin, TX 78731-6060	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) none	
4 Date 12/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rutishauser, Robert 6 Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 5015 Austin, TX 78731-6060	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) none	
4 Date 11/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saidi, Ali 6 Contributor address; City; State; Zip Code 5003 Placid Pl Austin, TX 78731-5017	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 12/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanger, Mary 6 Contributor address; City; State; Zip Code 704 Carolyn Ave Austin, TX 78705-1712	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Outreach and Research Specialist		10 Employer (See Instructions) Environmental Defense Fund	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 53/65 Report: 56/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scanlan, John 6 Contributor address; City; State; Zip Code 219 E Marcy St Santa Fe, NM 87501-2020	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Arts		10 Employer (See Instructions) Verve Gallery	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scanlan, Nancy Contributor address; City; State; Zip Code 4513 Balcones Dr Austin, TX 78731-5219	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schellenger, Elaine Contributor address; City; State; Zip Code 9311 Longvale Dr Austin, TX 78729-3502	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) The Kucera Companies	
Date 11/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schenkkan, Frances Contributor address; City; State; Zip Code 117 Laurel Ln Austin, TX 78705-2813	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scrafford, Bruce Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Armbrust & Brown	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 54/65 Report: 57/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scrafford, Nora 6 Contributor address; City; State; Zip Code 105 Brooks Hollow Rd Lakeway, TX 78734-3488	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) homemaker		10 Employer (See Instructions) none	
Date 10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sedwick, Shannon Contributor address; City; State; Zip Code 350 King Arthur Ct Austin, TX 78746-5043	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seifu, Yemane Contributor address; City; State; Zip Code 1015 E Yager Ln Unit 92 Austin, TX 78753-7007	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shim, Donghun Contributor address; City; State; Zip Code 2815 Waterbank Cv Austin, TX 78746-4135	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shipley, George Contributor address; City; State; Zip Code 919 Congress Ave Ste 750 Austin, TX 78701-2160	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Shipley and Associates INC	

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2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siff, Ted 6 Contributor address; City; State; Zip Code 604 W 11th St Austin, TX 78701-2007	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Bea Ann Contributor address; City; State; Zip Code 1610 Hartford Rd Austin, TX 78703-3314	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Law School	
Date 11/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Sherry Contributor address; City; State; Zip Code 2512 Wooldridge Dr Austin, TX 78703-2536	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired	
Date 11/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Soifer, Jan Contributor address; City; State; Zip Code 5408 Hurlock Dr Austin, TX 78731-4524	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) O'Connell & Soifer LLP	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonnenberg, Dale Contributor address; City; State; Zip Code 3413 Ledgestone Dr Austin, TX 78731-5124	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 56/65 Report: 59/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) South Austin Democrats PAC 6 Contributor address; City; State; Zip Code PO Box 152592 Austin, TX 78715-2592	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 11/04/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____) Southwest Laborers District Council PAC Contributor address; City; State; Zip Code 11720 E 21st St Ste D Tulsa, OK 74129-1824	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 11/16/2014	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____) Southwest Laborers District Council PAC Contributor address; City; State; Zip Code 11720 E 21st St Ste D Tulsa, OK 74129-1824	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spaulding, Darrell Contributor address; City; State; Zip Code 11705 Palisades Pkwy Austin, TX 78732-1240	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Commercial Real Estate		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) The Kucera Companies			
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spaulding, Shelly Contributor address; City; State; Zip Code 11705 Palisades Pkwy Austin, TX 78732-1240	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Advertising Sales		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self Employed			

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 57/65 Report: 60/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spear, Helen 6 Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 5005 Austin, TX 78731-6068	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions) none	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spear, Helen Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 5005 Austin, TX 78731-6068	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none	
Date 10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stein, Susan Contributor address; City; State; Zip Code 8230 Spicewood Springs Rd Apt 3 Austin, TX 78759-6865	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stein, Susan Contributor address; City; State; Zip Code 8230 Spicewood Springs Rd Apt 3 Austin, TX 78759-6865	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephenson, Robert Contributor address; City; State; Zip Code 3604 Brownwood Dr Austin, TX 78759-8912	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Field Team		Employer (See Instructions) Travis County Democratic Party	

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2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 12/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stinchcomb-Cocke, Mary 6 Contributor address; City; State; Zip Code 2418 Harris Blvd Austin, TX 78703-2406	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stonewall Democrats of Austin PAC Contributor address; City; State; Zip Code PO Box 40898 Austin, TX 78704-0015	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strand, Chris Contributor address; City; State; Zip Code 6503 Delmonico Dr Austin, TX 78759-6160	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Stan's Heating and Air	
Date 11/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stuart, Carl Contributor address; City; State; Zip Code 2502 Velasquez Dr Austin, TX 78703-1545	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stuart, Claire Contributor address; City; State; Zip Code 2502 Velasquez Dr Austin, TX 78703-1545	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self	

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2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/17/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sulak, Gail 6 Contributor address; City; State; Zip Code 3605 Windsor Rd Austin, TX 78703-1508	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Social Worker		10 Employer (See Instructions) Retired	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SW LIUNA PAC Contributor address; City; State; Zip Code 5555 N Lamar Blvd Ste E121 Austin, TX 78751-1074	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tawil, Carmen Contributor address; City; State; Zip Code 4806 Balcones Dr Austin, TX 78731-5309	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Corridor Television	
Date 11/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Scott Contributor address; City; State; Zip Code 10919 Enchanted Rock Cv Austin, TX 78726-1336	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Armbrust & Brown, PLLC	
Date 11/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tekle, Yodit Contributor address; City; State; Zip Code 2958 Donnell Dr Round Rock, TX 78664-5709	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Yasay Inc	

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 60/65 Report: 63/86	
2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/05/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Frances 6 Contributor address; City; State; Zip Code 1800 Forest Trl Austin, TX 78703-2926	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Helen L Contributor address; City; State; Zip Code 2304 Tower Dr Austin, TX 78703-2322	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thompson, Helen L Contributor address; City; State; Zip Code 2304 Tower Dr Austin, TX 78703-2322	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self	
Date 12/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tipps, Lisa Contributor address; City; State; Zip Code PO Box 300038 Austin, TX 78703-0001	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tollett, Jason Contributor address; City; State; Zip Code 3701 Bonnie Rd Austin, TX 78703-2002	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

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2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tomlinson, Mykle 6 Contributor address; City; State; Zip Code 5102 Delores Ave Austin, TX 78721-2110	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Toprac, Paul Contributor address; City; State; Zip Code 5008 Westview Dr Austin, TX 78731-4738	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis County Democratic Party Contributor address; City; State; Zip Code PO Box 684263 Austin, TX 78768	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) political advertisement in Austin Chronicle (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757-2328	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Austin Energy	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Urrutia, Bradley Contributor address; City; State; Zip Code 11609 Anatole Ct Austin, TX 78748-2821	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vaughan, Daphne 6 Contributor address; City; State; Zip Code 2403 Sweetbrush Dr Austin, TX 78703-1521	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) None	
Date 10/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vig, Wallace Contributor address; City; State; Zip Code 1805 Graveyard Point Rd Austin, TX 78734-2525	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) Rifeline, LLC	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Watkins, Sharon Contributor address; City; State; Zip Code 4416 Ramsey Ave Austin, TX 78756-3209	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Service		Employer (See Instructions) Zenith Cafe Corp	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wendler, Ed Contributor address; City; State; Zip Code 4803 Balcones Dr Austin, TX 78731-5308	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) self	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whatley, John Contributor address; City; State; Zip Code 2909 W 35th St Austin, TX 78703-1105	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none	

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2 FILER NAME Dealey, Amanda		3 ACCOUNT # (Ethics Commission filers) 00000008	
4 Date 11/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whatley, Melba 6 Contributor address; City; State; Zip Code 2909 W 35th St Austin, TX 78703-1105	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Investments		10 Employer (See Instructions) Clarite Holdings	
Date 11/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitehurst, Bill Contributor address; City; State; Zip Code 2703 Westlake Dr Austin, TX 78746-1909	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Whitehurst, Harkness, Brees, Cheng, et al	
Date 11/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, John Contributor address; City; State; Zip Code 604 Rock Face Ct Round Rock, TX 78681-1118	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive VP		Employer (See Instructions) Stan's Heating and Air	
Date 11/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Kimberly Contributor address; City; State; Zip Code 307 Bulian Ln Austin, TX 78746-5418	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wynne, Anne Contributor address; City; State; Zip Code 1036 Liberty Park Dr house 49 Austin, TX 78746-6986	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ikard Wynne LLP	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 64/65 Report: 67/86

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)
00000008

4 Date
12/01/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Yatsu, Junichiro

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$100.00

6 Contributor address; City; State; Zip Code
4301 Endcliffe Dr
Austin, TX 78731-1211

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
11/24/2014

Full name of contributor out-of-state PAC (ID# _____)
Yelvington, Thomas Jr.

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9417 Great Hills Trl
Apt 3042
Austin, TX 78759-6373

\$350.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Executive Vice President

Employer (See Instructions)
AMMIS

Date
11/17/2014

Full name of contributor out-of-state PAC (ID# _____)
Yosief, Eyeyu

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
13608 Merseyside Dr
Pflugerville, TX 78660-8870

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Driver

Employer (See Instructions)
Lone Star Cab

Date
12/06/2014

Full name of contributor out-of-state PAC (ID# _____)
Youman, Dudley

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4007 Edgemont Dr
Austin, TX 78731-5713

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/02/2014

Full name of contributor out-of-state PAC (ID# _____)
Young, Linda

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7000 Timarou Ter
Austin, TX 78754-5738

\$150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 65/65 Report: 68/86

2 FILER NAME Dealey, Amanda

3 ACCOUNT # (Ethics Commission filers)
00000008

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
11/01/2014 Zelazny, Gary

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1503 W 30th St
Austin, TX 78703-1403

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
11/21/2014 Zeleke, Mulugeta

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
17205 Tobermory Dr
Pflugerville, TX 78660-1726

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Driver

Employer (See Instructions)
Lone Star Cab

Date Full name of contributor out-of-state PAC (ID# _____)
11/20/2014 Zewdie, Tesfaye

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
PO Box 144542
Austin, TX 78714-4542

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Lab Tech

Employer (See Instructions)
Hospira

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/17 Report: 69/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 11/26/2014	5 Payee name Austin Chronicle				
6 Amount (\$) \$925.00	7 Payee address City; State; Zip Code PO Box 49066 Austin, TX 78765				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political print advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/28/2014	Payee name Bintliff, David				
Amount (\$) \$825.00	Payee address City; State; Zip Code 6303 Danwood Dr. Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/31/2014	Payee name Cashiola, Tyler				
Amount (\$) \$935.00	Payee address City; State; Zip Code 1773 Wells Branch Parkway #1103 Austin, TX 78728				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/14/2014	Payee name Cashiola, Tyler				
Amount (\$) \$768.00	Payee address City; State; Zip Code 1773 Wells Branch Parkway #1103 Austin, TX 78728				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/17 Report: 70/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 12/01/2014	5 Payee name Cashiola, Tyler				
6 Amount (\$) \$1,056.00	7 Payee address City; State; Zip Code 1773 Wells Branch Parkway #1103 Austin, TX 78728				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/16/2014	Payee name Central Market				
Amount (\$) \$423.21	Payee address City; State; Zip Code 4001 N Lamar Blvd. Austin, TX 78756				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for event		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/16/2014	Payee name Central Market				
Amount (\$) \$75.40	Payee address City; State; Zip Code 4001 N Lamar Blvd. Austin, TX 78756				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> drinks for event		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/21/2014	Payee name Clary, Anne				
Amount (\$) \$562.50	Payee address City; State; Zip Code 1510 Newning Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/17 Report: 71/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 12/01/2014	5 Payee name Clary, Anne				
6 Amount (\$) \$1,750.00	7 Payee address City; State; Zip Code 1510 Newning Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/31/2014	Payee name Cooper, Lucy				
Amount (\$) \$880.00	Payee address City; State; Zip Code 8500 Red Willlow #A Austin, TX 78736				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/14/2014	Payee name Cooper, Lucy				
Amount (\$) \$600.00	Payee address City; State; Zip Code 8500 Red Willlow #A Austin, TX 78736				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/01/2014	Payee name Cooper, Lucy				
Amount (\$) \$702.00	Payee address City; State; Zip Code 8500 Red Willlow #A Austin, TX 78736				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/17 Report: 72/86	2 FILER NAME Dealey, Amanda	3 ACCOUNT # (TEC filers) 00000008
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4 Date 10/31/2014	5 Payee name Dunning, Logan
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6 Amount (\$) \$1,125.00	7 Payee address City: State: Zip Code 8519 Cahill Dr. # 2505 Austin, TX 78729
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/14/2014	Payee name Dunning, Logan
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Amount (\$) \$1,125.00	Payee address City: State: Zip Code 8519 Cahill Dr. # 2505 Austin, TX 78729
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/01/2014	Payee name Dunning, Logan
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Amount (\$) \$1,125.00	Payee address City: State: Zip Code 8519 Cahill Dr. # 2505 Austin, TX 78729
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/03/2014	Payee name Facebook, Inc.
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Amount (\$) \$430.74	Payee address City: State: Zip Code 1601 Willow Road Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political online advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/17 Report: 73/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 12/01/2014	5 Payee name Facebook, Inc.				
6 Amount (\$) \$125.05	7 Payee address City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political online advertising		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/30/2014	Payee name First Data				
Amount (\$) \$75.00	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/03/2014	Payee name First Data				
Amount (\$) \$263.17	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/03/2014	Payee name First Data				
Amount (\$) \$397.12	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/17 Report: 74/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 11/03/2014	5 Payee name First Data				
6 Amount (\$) \$14.11	7 Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/03/2014	Payee name First Data				
Amount (\$) \$744.53	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/03/2014	Payee name First Data				
Amount (\$) \$591.23	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/03/2014	Payee name First Data				
Amount (\$) \$40.61	Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/17 Report: 75/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 12/03/2014		5 Payee name First Data			
6 Amount (\$) \$81.20		7 Payee address City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card processing fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/29/2014		Payee name GNI Strategies, LLC			
Amount (\$) \$18,658.32		Payee address City; State; Zip Code P.O. Box 685008 Austin, TX 78768			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, mailing & postage services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/14/2014		Payee name GNI Strategies, LLC			
Amount (\$) \$6,575.00		Payee address City; State; Zip Code P.O. Box 685008 Austin, TX 78768			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> General consulting and management <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/02/2014		Payee name GNI Strategies, LLC			
Amount (\$) \$14,378.94		Payee address City; State; Zip Code P.O. Box 685008 Austin, TX 78768			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, postage & mailing services <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/17 Report: 76/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 11/21/2014		5 Payee name Griffith Properties			
6 Amount (\$) \$2,780.00		7 Payee address City; State; Zip Code 3536 Bee Cave Rd #310 Austin, TX 78746			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> rent <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/21/2014		Payee name Griffith Properties			
Amount (\$) \$2,780.00		Payee address City; State; Zip Code 3536 Bee Cave Rd #310 Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> rent <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/31/2014		Payee name Hardwick, Andrew			
Amount (\$) \$360.00		Payee address City; State; Zip Code 417 Canterbury New Braunfels, TX 78132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/14/2014		Payee name Hardwick, Andrew			
Amount (\$) \$240.00		Payee address City; State; Zip Code 417 Canterbury New Braunfels, TX 78132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/17 Report: 77/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 12/01/2014	5 Payee name Hardwick, Andrew				
6 Amount (\$) \$615.00	7 Payee address City; State; Zip Code 417 Canterbury New Braunfels, TX 78132				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/01/2014	Payee name Hardwick, Henry				
Amount (\$) \$759.00	Payee address City; State; Zip Code 2804 Rio Grande St. #203 Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/12/2014	Payee name In Focus Campaigns				
Amount (\$) \$1,175.55	Payee address City; State; Zip Code PO Box 10726 Fort Worth, TX 76114				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone calls		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/14/2014	Payee name Jacobson, Justin				
Amount (\$) \$210.00	Payee address City; State; Zip Code 1329 W. Mary St. #108 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/17 Report: 78/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 12/01/2014		5 Payee name Jacobson, Justin			
6 Amount (\$) \$966.00		7 Payee address City; State; Zip Code 1329 W. Mary St. #108 Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/12/2014		Payee name Jewish Community Association of Austin			
Amount (\$) \$811.00		Payee address City; State; Zip Code 7300 Hart Lane Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political print advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/28/2014		Payee name Little, Emily			
Amount (\$) \$150.00		Payee address City; State; Zip Code 1001 E 8th St Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> return contribution <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/24/2014		Payee name Littlefield Consulting			
Amount (\$) \$1,650.00		Payee address City; State; Zip Code PO Box 90591 Austin, TX 78709			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/17 Report: 79/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 11/03/2014	5 Payee name NGP Van, Inc.				
6 Amount (\$) \$320.00	7 Payee address City; State; Zip Code 1101 15th Street, NW, Suite 500 Washington, DC 20005				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/02/2014	Payee name NGP Van, Inc.				
Amount (\$) \$320.00	Payee address City; State; Zip Code 1101 15th Street, NW, Suite 500 Washington, DC 20005				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> database software		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/12/2014	Payee name Office Max				
Amount (\$) \$51.95	Payee address City; State; Zip Code 10001 Research Blvd #300 Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/16/2014	Payee name Office Max				
Amount (\$) \$21.65	Payee address City; State; Zip Code 10001 Research Blvd #300 Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/17 Report: 80/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 11/17/2014	5 Payee name Office Max				
6 Amount (\$) \$7.13	7 Payee address City; State; Zip Code 10001 Research Blvd #300 Austin, TX 78759				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/24/2014	Payee name Office Max				
Amount (\$) \$259.73	Payee address City; State; Zip Code 10001 Research Blvd #300 Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/24/2014	Payee name Office Max				
Amount (\$) \$87.65	Payee address City; State; Zip Code 10001 Research Blvd #300 Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/25/2014	Payee name Office Max				
Amount (\$) \$50.30	Payee address City; State; Zip Code 10001 Research Blvd #300 Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 13/17 Report: 81/86	2 FILER NAME Dealey, Amanda	3 ACCOUNT # (TEC filers) 00000008
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4 Date 11/26/2014	5 Payee name Office Max
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6 Amount (\$) \$16.77	7 Payee address City; State; Zip Code 10001 Research Blvd #300 Austin, TX 78759
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/01/2014	Payee name Office Max
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Amount (\$) \$67.07	Payee address City; State; Zip Code 10001 Research Blvd #300 Austin, TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/03/2014	Payee name Office Max
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Amount (\$) \$178.50	Payee address City; State; Zip Code 10001 Research Blvd #300 Austin, TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/12/2014	Payee name Postmaster
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Amount (\$) \$98.00	Payee address City; State; Zip Code 3507 N. Lamar Blvd. Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 14/17 Report: 82/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 11/25/2014	5 Payee name Postmaster				
6 Amount (\$) \$637.00	7 Payee address City; State; Zip Code 3507 N. Lamar Blvd. Austin, TX 78705				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/02/2014	Payee name Postmaster				
Amount (\$) \$245.00	Payee address City; State; Zip Code 3507 N. Lamar Blvd. Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/05/2014	Payee name Postmaster				
Amount (\$) \$1,960.00	Payee address City; State; Zip Code 3507 N. Lamar Blvd. Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/01/2014	Payee name Serna, Marilyn				
Amount (\$) \$960.00	Payee address City; State; Zip Code 10100 Ivanhoe Trail Austin, TX 78748				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 15/17 Report: 83/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 12/01/2014	5 Payee name Steger, Mackenzie				
6 Amount (\$) \$342.00	7 Payee address City: State; Zip Code 1048 Crescent Dr. Belton, TX 76513				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 11/04/2014	Payee name Susan Harry Consulting, LLC				
Amount (\$) \$762.00	Payee address City: State; Zip Code P.O. Box 301074 Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Compliance consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/01/2014	Payee name Susan Harry Consulting, LLC				
Amount (\$) \$1,362.50	Payee address City: State; Zip Code P.O. Box 301074 Austin, TX 78703				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Compliance consulting <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/01/2014	Payee name Truong, Lauri				
Amount (\$) \$354.00	Payee address City: State; Zip Code 16713 Dorman Dr. Round Rock, TX 78681				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contact labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 16/17 Report: 84/86		2 FILER NAME Dealey, Amanda		3 ACCOUNT # (TEC filers) 00000008	
4 Date 11/14/2014	5 Payee name Ukawoko, Amaka				
6 Amount (\$) \$192.00	7 Payee address City; State; Zip Code 1300 Crossing Place #2432 Austin, TX 78741				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 12/01/2014	Payee name Ukawoko, Amaka				
Amount (\$) \$1,056.00	Payee address City; State; Zip Code 1300 Crossing Place #2432 Austin, TX 78741				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/31/2014	Payee name Wallace, John				
Amount (\$) \$1,025.00	Payee address City; State; Zip Code 11316 Jollyville Rd. Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/14/2014	Payee name Wallace, John				
Amount (\$) \$282.00	Payee address City; State; Zip Code 11316 Jollyville Rd. Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 17/17 Report: 85/86	2 FILER NAME Dealey, Amanda	3 ACCOUNT # (TEC filers) 00000008
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4 Date 11/14/2014	5 Payee name Wallace, John
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6 Amount (\$) \$684.00	7 Payee address City: State: Zip Code 11316 Jollyville Rd. Austin, TX 78759
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/01/2014	Payee name Wallace, John
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Amount (\$) \$1,002.00	Payee address City: State: Zip Code 11316 Jollyville Rd. Austin, TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/04/2014	Payee name West Austin News
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Amount (\$) \$1,827.00	Payee address City: State: Zip Code 5511 Parkcrest Drive Austin, TX 78731
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political print advertising <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Information entered by filer as a memo

Schedule A

Information required for out-of-state PAC donation from Southwest Laborers District Council PAC: Address - 11720 East 21st Street, Ste. D, Tulsa, OK, 74129; (918) 585-1799; Reno Hammond, Chairman appointed Treasurer Jeremy Hendricks, 1504 Rutland Drive, Austin, TX, 78758; (405) 833-6462.

BUNDLING REPORT

Name of candidate/officeholder: **Mandy Dealey**

1. For each person/bundler who has solicited and obtained campaign contributions on your behalf of \$200 or more per person from five (5) or more individuals during the reporting period, provide the following information. (This requirement does not apply to an individual who raises funds in total amount of \$5,000 or less for a candidate through a fundraising event held at the individual's residence.)

Name of Individual/Bundler	Address	Occupation	Employer	Total Amount Bundled
Solomon Kassa	2958 Donnell Drive Round Rock, TX 78664	Operator	Capital Metro	\$2,750
Christopher Strand	6503 Delmonico Dr. Austin, TX 78759	President	Stan's Heat & Air Conditioning	\$1,500

2. For each person identified above, enter the name and address of each individual contributor whose contribution was bundled by that individual. Attach additional sheets if necessary.

Name of Contributor	Address	Occupation	Employer	Contribution Amount	Bundler
Eyeyu Yosief	13608 Merseyside Dr Pflugerville, TX 78660	Driver	Lonestar Cab	\$300.00	Solomon Kassa
Tsegaye A. Chernet	PO Box 144542 Austin, TX 78714-4542	Driver	Lonestar Cab	\$300.00	Solomon Kassa
Yodit T. Tekle	2958 Donnell Dr Round Rock, TX 78664	Owner	Yasay Inc	\$350.00	Solomon Kassa
Abera B. Mersha	9001 Briardale Dr Austin, TX 78758	Driver	Lonestar Cab	\$300.00	Solomon Kassa
Zenaw Mersha	9001 Briardale Dr Austin, TX 78758	Driver	Lonestar Cab	\$300.00	Solomon Kassa
Yemane Seifu	1015 E Yager Ln, Unit 92 Austin, TX 78753	Retired	Retired	\$300.00	Solomon Kassa
Teferi Engdaw	2505 Alexander Ct Round Rock, TX 78665	Driver	Lonestar Cab	\$300.00	Solomon Kassa
Mulugeta Zeleke	17205 Tobermory Dr Pflugerville, TX 78660	Driver	Lonestar Cab	\$300.00	Solomon Kassa
Tesfaye Zewdie	PO Box 144542 Austin, TX 78714	Quality Assurance	Lonestar Cab	\$300.00	Solomon Kassa

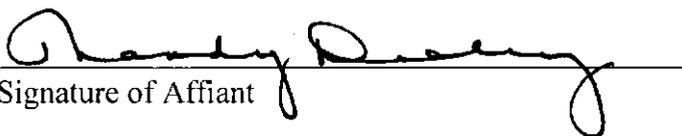
John Williams	604 Rock Face Court Round Rock, TX 78681	Executive Vice President	Stan's Heat & Air Conditioning	\$350	Christopher Strand
Roland Arrisola	1900 Heathwood Cir. Round Rock, TX 78681	Vice President	Stan's Heat & Air Conditioning	\$200	Christopher Strand
James McGhee	607 County Cork Lane Leander, TX 78641	Vice President	Stan's Heat & Air Conditioning	\$200	Christopher Strand
Mark Guarino	14600 Ballycastle Trail Austin, TX 78717	Vice President	Stan's Heat & Air Conditioning	\$200	Christopher Strand
Christopher Strand	6503 Delmonico Dr. Austin, TX 78759	President	Stan's Heat & Air Conditioning	\$350	Christopher Strand
Albert P. D'Andrea	5910 Front Royald Dr. Austin, TX 78746	Owner	McCullough Heating & Air Conditioning	\$200	Christopher Strand

3. Identify each person registered or required to be register under City Code, Chapter 4-8 (Regulation of Lobbyists) employed by, or compensated to lobby by: (1) any Bundler identified in Section 1 above, (2) a business association through which the Bundler does business, or (3) the Bundler's employer.

Note: It is important to remember that contributions to you are from the actual donor, not from the individual who solicited the donations on your behalf. Therefore, on form C/OH you must identify the actual donor as the contributor.

**STATE OF TEXAS
VERIFICATION**

I certify that the total amount bundled on my behalf in the campaign period by all partners, shareholders, principals, employees, and persons who conduct business through a business association that is subject to City Code, Section 2-2-22(E), when added together, does not exceed ten (10) times the contribution limit set by City Charter, Article III, Section 8(A)(1) for the entire business association.


Signature of Affiant